

EMERGENCY

BROOKLYN DEVELOPMENTAL CENTER

ADAPTIVE EQUIPMENT SHOP WORK REQUEST

Program/RESIDENT Valerie Young WING 314 DAY PROGRAM
 Requested by STAFF/OT/ML Date 4.26.05

EQUIPMENT to be repaired or modified:
 (ie. wheelchair, chair, etc.)

SERIAL NUMBER EEJ 2453335
 What needs to be done or problem description.

- Issued Valerie Young wheelchair with:
- padded seat & back cushions
 - seat cushion was fuller in depth
 - fabricated soft calf support
 - adjusted footplate height

Approved _____ Date _____
 Physician

Continue on other side or attach additional sheet, if necessary.

DATE Referral received: 4.27.05 DATE Assigned: 4.27.05
 AES Assigned: Courtney Rogers DATE Completed: 4.27.05
 SIGNATURE OF PERSON RECEIVING EQUIPMENT: [Signature] DATE 4.27.05

Total work time in hours:

Material used:	()		Qty	()		Qty
() H.D. polyethylene	()	Leg rests		()	Leg rests	
() Kydex	()	Wheels		()	Wheels	
() Foam	()	Armrests		()	Armrests	
() Naugahyde	()			()		
() Nuts Bolts	()			()		
() Webbing	()			()		
() Other:	()			()		